

R E P O R T R E S U M E S

ED 017 967

CG 001 860

GUIDANCE IN THE ELEMENTARY SCHOOL--CHILD CENTERED PROCEDURES
AND TECHNIQUES.

BY- NELSON, GWEN

WICHITA PUBLIC SCHOOLS, KANS.

EDRS PRICE MF-\$0.25 HC-\$0.96 22P.

DESCRIPTORS- *ELEMENTARY SCHOOL GUIDANCE, *CHILD DEVELOPMENT,
COUNSELING GOALS, *COUNSELOR FUNCTIONS, *SCHOOL ENVIRONMENT,

SOME CONSIDERATIONS BASIC TO ELEMENTARY GUIDANCE ARE DISCUSSED. THE PURPOSE OF A PROGRAM OF ELEMENTARY GUIDANCE IS TO PROVIDE BOTH CORE AND PREVENTIVE SERVICES WHICH PROMOTE PROPER CHILD GROWTH AND DEVELOPMENT. PRACTICALITY AND ECONOMY SUGGEST THE NECESSITY FOR INCREASED ACTIVITY IN PRIMARY PREVENTION. THE GUIDANCE SPECIALIST MUST WORK DIRECTLY WITH PUPILS BUT CANNOT IGNORE THE TOTAL SCHOOL ENVIRONMENT. THE CONCEPT OF GUIDANCE ADVOCATED HERE GOES BEYOND THE PREDICTION OF POTENTIAL PROBLEMS AND THEIR REMEDIATION TO A PLANNED PROGRAM FOR ALL STUDENTS TO PROMOTE BETTER MENTAL HEALTH AND SCHOOL ADJUSTMENT. WITHIN THIS FRAME OF REFERENCE, THE FUNCTION OF THE GUIDANCE SPECIALIST IS DESCRIBED UNDER THE HEADINGS OF CHILD STUDY AND ADJUSTMENT PROCEDURES. CHILD STUDY INCLUDES CASE HISTORIES, OBSERVATION, THE COUNSELING INTERVIEW, INDIVIDUAL ANALYSIS, AND GROUP ANALYSIS. ALL CAN LEAD TO A BETTER UNDERSTANDING OF THE CHILD. GROUP AND INDIVIDUAL PROCEDURES FOR IMPROVING THE MENTAL HEALTH OF THE CHILD AND THE LEARNING CLIMATE INCLUDE CHILD ADJUSTMENT PROCEDURES, COUNSELING THERAPY, GROUP GUIDANCE, THERAPEUTIC ACTIVITIES, PLACEMENT, REFERRAL. PRESENTED ARE THREE ACTUAL CASES SELECTED AS BEING REPRESENTATIVE OF THE GUIDANCE FUNCTION. (IM)

GUIDANCE IN THE ELEMENTARY SCHOOL:
CHILD CENTERED PROCEDURES AND TECHNIQUES
by

Gwen Nelson, Assistant Superintendent of Schools
Department of Pupil Personnel Services
Wichita Public Schools, Wichita, Kansas

No sadder word of tongue or pen, than these -- "it might have been". Clumsy poetry perhaps, but an apt expression of a real challenge to education in general and to elementary guidance services in particular. Johnny might have been a better reader -- had someone discovered his acute hearing loss in the early grades. Mary might have had a more pleasing personality -- had she been helped to overcome her shyness and timidity. Jim might have made a real contribution to society as a doctor, a lawyer, or educator -- had his elementary teachers recognized his hidden scholastic potential. Many adults might be living more productive, satisfying lives -- had they been helped to develop reasonable goals and adequate self-concepts.

Even more challenging is the recognition of the child as a bona fide individual. A common notion in our society is that children are merely tools to accomplish adult purposes. One of the major goals of the schools and of society appears to be the acceleration of adulthood -- or at least early conformity to adult standards. Courses of study are designed to produce responsible voters, competent parents, productive wage earners, and intelligent consumers -- all adult activities. The prospect of a child becoming an adult without first having been properly conditioned for the role is a constant source of anxiety for most grownups.

The fact that youth is a temporary state -- most young people outgrow it -- seems to justify little concern for the child as a child. Even the problems of childhood and youth are lightly regarded. Although no research evidence is available that indicates a positive relationship between chronological age and the gravity of personal problems, adults are prone to label the emotional conflicts of children as "just the problems of growing up".

Moreover, youngsters are commonly used as scapegoats -- that is they often are blamed for the mistakes of adults. A dramatic illustration of this indictment

- is the furor raised about the quality of education immediately after the Soviets launched Sputnik. While labor unions continued to press for shorter work weeks and Chambers of Commerce complained about high taxes, the schools were severely criticized for "softness" and "frills". Even staid educators were caught up in the ensuing "quest for quality" that required stiffer courses, more homework, and fewer electives. While a basic function of the educative process is to promote growth, this forcing of "top growth" by restricting the root system is recognized as a short-term expedient even by horticulturalists who specialize in producing beautiful, early blooming -- if short lived -- plants.

Recent years have seen significant changes in educational programs designed to meet the needs of pupils living in a dynamic, demanding society. As environmental pressures mount from the population explosion, status awareness, urbanization, expanded technology, and automation; it is not unreasonable to expect that schools will be forced to consider new, more sophisticated approaches to resolving mental health problems.

The most efficient and well-trained teacher cannot be expected to assume the full responsibility for teaching expanded content to increasingly heterogeneous groups of pupils and also serve as a counselor, psychologist, social worker, and school nurse. At no place is the problem so acute as in the elementary classroom. Already charged to provide a "firm foundation in the fundamentals for learning"; the elementary teacher is reminded that "dropouts originate in the elementary school", that more pre-teens suffer from hypertension diseases than ever before, and that patterns of personality development become fairly stable in early adolescence.

In a society oriented to quick, simple solutions to problems, the failure of such techniques as "guidance through the curriculum" to provide the proper psychological penicillin has been very disappointing. Even the proponents of "every teacher a counselor" at the elementary level are beginning to recognize the limitations of the typical, overloaded classroom teacher. Administrative demands for early identification of the gifted and the press for accelerated formulation of educational and

vocational plans have only aggravated the problem.

The concept of a guidance specialist providing direct services to individual pupils is becoming more and more acceptable. Properly trained professionals who owe a minimal allegiance to subject matter areas or administrative procedures are appearing more frequently on the educational scene. While debate rages over the function, the role, and even the title of such personnel, certain basic techniques and procedures identify and distinguish these guidance specialists.

Some Basic Considerations for Elementary Guidance

The purpose of a program of elementary guidance is to provide both corrective and preventive services that promote proper child growth and development. While most guidance programs appear to be crisis oriented, the prevention of pupil problems through developmental procedures is much more justified in a public school setting. The motives prompting preventive programs are no less practical than humanitarian. While the concept of conservation of human resources may appear idealistic at first glance, only a cursory examination of well-documented evidence supports the economic justification for elementary guidance services. As with most other maladies, early diagnosis and treatment of mental illness are most effective and economical.

Practicality and economy suggest the necessity for increased activity in primary prevention as opposed to secondary or tertiary care. This position is supported by the following observation from the 1950 White House Conference on Education: "The school, as a whole, has an opportunity and responsibility to detect the physical and mental disabilities which have escaped parental or preschool observations and which would prevent development of a healthy personality, and to initiate the necessary preventive and remedial services. . . ." (22)

In the forward to the reprint of a series of studies in mental health originally published by the American Personnel and Guidance Association, R. H. Felix, Director of the National Institute of Mental Health, reports:

Since the end of World War II, school systems have become one of the largest employers of mental health personnel. During this period, the growing interest of educators in the mental aspects of their work has led to a marked increase in research and program development in this field. At the same time, the mental health professions have been intensifying their interest in schools as a vital place to study the development of children and new ways of reaching children before they develop serious problems. (6)

The responsibility of the schools for providing elementary guidance services is highly related to the conditions within the school program that may precipitate emotional problems. While schools have little jurisdiction over most "high risk trauma" or "life crises", the more subtle effect of certain elements of the school environment cannot be ignored. A major problem, often researched but little understood, is that of sex differences in learning. An elementary school program tailor-made for little girls, only contributes to the increasing proportion of maladjusted boys.

Children and youth are confronted with many minor crises or trauma situations during the school year. The effect of certain school practices -- grading, grouping, promotion, retention, and honor rolls -- upon personality development can be serious for some pupils. The elementary guidance specialist must work directly with pupils, but he cannot ignore the total school environment that contributes so much to the growth and development of children.

Techniques and Procedures Employed by the Elementary Guidance Specialist

Guidance is everybody's business. But just as in most other activities, what is everybody's business soon becomes nobody's business without proper organization and coordination. It is useless to argue the primacy of the home, the school, the

church, or other agencies in the guidance function. A more reasonable approach is to analyze the procedures and techniques used by each agency, and attempt to minimize needless duplication and overlap.

It is impossible to present an exhaustive description of techniques and procedures used by the elementary guidance specialist. As with other human endeavors, there can be no "cookbook" or pat formula for operation. In our efforts to describe the unique function of the guidance specialist we must not be apprehensive about borrowing techniques used by the school social worker, the school psychologist, the school nurse, or even the classroom teacher.

While it may be possible to differentiate procedures on the basis of corrective or preventive services, it is impractical to do so. The philosophy of the elementary school is developmental. That is, school personnel must accept each child where he is and try to provide appropriate services for helping him to attain acceptable goals. This concept of guidance goes beyond the prediction of potential problems and their remediation to a planned program provided for all students to promote better mental health and school adjustment. Within this frame of reference, the function of the guidance specialist is described below under the headings of child study and child adjustment procedures.

Child Study Procedures

When a pupil is referred by a teacher for guidance services, the problem is often stated in vague, general terms. Consider the cases of Jimmy and Johnny referred by the same teacher. The symptoms observed by the teacher and cited on the referral sheet are essentially the same: both boys represent behavior problems, they disrupt the class, and they are nuisances. In the initial teacher interview the guidance specialist receives little additional enlightenment. The teacher maintains that she just can't get through to them or that they just have no interest in school. After conducting rather routine child study procedures, the guidance specialist described the two boys as follows:

John

Very high intellectual ability
Average achievement test scores
Poor grades (often challenges teacher views)
Strong leadership traits
"Cocky" attitude attributed to small physical stature

Jim

Slow learner
Good mechanical skills
Masculine attitude (school work is sissy)
Moderate speech impediment
Father often unemployed

Although the symptoms are essentially the same in the eyes of the classroom teacher, the guidance specialist soon identified significantly different underlying problems. Proper therapy or adjustment depends upon perceptive, dependable diagnosis. It would be folly to treat both of these cases in the same manner. For this reason the child study procedures described below are of extreme importance in the guidance function.

Case History. Even before the initial face-to-face contact with a pupil, the guidance specialist can begin to gain an understanding of a child by compiling a brief case history. Basic data for the case history may be obtained from the classroom teacher in conjunction with the referral procedure. One advantage of this practice is that it encourages the teacher to analyze the case and be more specific in stating the problem and suggesting contributing factors. The form for the basic information should be simple and objective. An outline is suggested below:

Basic Data Form Outline

School history
Attendance record
Grades
Standardized test data

Personal information

General health

Special activities

Personality ratings

Family information

Marital relations of parents

Siblings (age, grade, abilities)

Special environmental conditions

Most of the information for initiating the case history will be available from permanent records or from teacher files. Such information as anecdotal records, communications with parents, and school contacts with courts or other community agencies should supplement the basic data form and conferences should be conducted with other professionals who may have knowledge relevant to the case.

In a complete case study all of the pupil data obtained during the child study procedures are organized in a systematic fashion to facilitate the analysis and diagnosis of the problem and to suggest appropriate adjustive action. Although it is not advisable to construct a comprehensive case history for each subject, this technique is one of the most primary procedures employed by the guidance specialist.

Observation. The behavior and adjustment of a pupil should be considered within the context of his environment. Often it is desirable to observe the child in the classroom, on the playground, or at home, prior to a personal interview, in an attempt to identify certain environmental influences. A trained observer may recognize significant behavioral symptoms that provide a clue to the development of the child or to crisis situations. Facial tics, squinting, head turning, the lifting of the knees, excessive squirming, and patterns of withdrawal or aggression when related to the activities in which the child is involved often suggest underlying causes of certain behavior.

Although the "critical incident" observation technique pioneered by Flanagan (7) proved somewhat cumbersome for the classroom teacher to use, the principle of a systematic recording of observed pupil behavior has significant advantages for

the guidance specialist. This technique provides for the recording of "critical incidents" of pupil behavior according to categories of: responsibility and effort, integrity, sensitivity to others, group orientation, or other relevant headings.

Another program of systematic observation is described in a guidance handbook by Kough and DeHann (19). A summary roster is suggested that permits the recording of characteristics of gifted and talented pupils; emotionally, socially, and educationally maladjusted pupils; and physically handicapped pupils. Lists of identifying characteristics are related to potential behavior such as leadership, creativity, and dropping out of school.

Although seldom as dramatic as portrayed in Sherlock Holmes or Charlie Chan detective stories, the observation skill can provide significant clues to the causes of certain pupil behavior. It is important that the guidance specialist have a solid background in child growth and development, and be alert to typical behavioral symptoms, to fully utilize the observation technique. Publications of the Gesell Institute (9, 10, 11, 12, 13) are especially helpful in developing this insight.

Interview. The counseling interview with the child provides an opportunity to establish rapport both for counseling therapy and for evaluation and diagnosis. Many times the initial interview may be conducted in a very informal setting -- on the playground, during a casual stroll, as an outgrowth of a group activity, or at a time when the teacher has asked the pupil to "help Mrs. Jones sort some cards". This is not to suggest that it is always necessary to "sneak up" on a client, but one of the pupil characteristics that often precipitates a referral is a suspicion of adults. One successful interview technique involves helping a child to disassociate himself from his own problems in order to promote freer discussion and objectivity as a third person.

Seldom will the "now what's your problem", or the "third degree", or the "exhortation" approach contribute much to the counseling interview. Children are often so concerned about giving the "right answer" that the guidance specialist must

be especially perceptive and take every care to establish a non-instructional relationship with a subject.

Certain structured interview aids are available and the competent guidance specialist will develop techniques which include the use of doll families, modeling clay, coloring sheets, and other projective devices. It is not necessary to utilize such "gimmicks" with every child, but an understanding of the principles of these techniques enhances even a casual visit with a pupil. Space limitations prevent a comprehensive discussion of the counseling interview, but several references are cited in the bibliography that can help the guidance specialist develop this vital tool for pupil appraisal and therapy.

Individual Analysis. Although a professional course in individual analysis is often devoted to the mastery of individually administered intelligence tests, in practice the procedure of individual analysis is much broader. Several instruments are available for the purpose of assessing mental, physical, and emotional development on an individual basis; but the tool is secondary to the examiner in this process. A competent examiner will emulate the professional safe cracker by sandpapering his evaluative fingertips to a fine degree of sensitivity. As in the counseling interview the guidance specialist must read between the lines and be attuned to every verbal and physical response of the subject.

The Gesell Institute (9, 10, 11, 12, 13) has developed an excellent procedure for evaluating the total development of young children. An advantage to this approach is that it attempts to assign appropriate weightings to the several aspects of child development. Rather than providing merely an expression of intellectual level, or the physical maturity, or the emotional development of a child, the schedule combines these factors to suggest a "developmental age".

Old stand-bys such as the Binet (24) and Wechsler (26) intelligence scales are being supplemented by The Blacky Pictures (1), the Vineland Social Maturity Scale (5), and other individual or projective devices to be used by the more sophisticated guidance specialist.

A real danger inherent in the individual analysis procedure is that the novice, or even a veteran with limited psychometric background, will depend too much upon the results of these special instruments. A guidance specialist with an adequate foundation in clinical or counseling psychology will select an appropriate instrument for use at an appropriate time. He will also use the results cautiously and in conjunction with other relevant information.

Group Analysis. The child study procedures described thus far have been largely oriented toward correction or remediation of pupil behavior. A vital function of the guidance specialist is to describe the characteristics of groups of pupils that will enable the specialist, the teacher, and other professional personnel to provide appropriate programs addressed to the prevention of pupil problems. As the child development consultant on the school staff, the guidance specialist must help all personnel to understand children and to recognize the conditions that may precipitate poor pupil behavior or adjustment.

Certainly the organization and interpretation of standardized test data can contribute to the effectiveness of teacher planning and instruction. One of the most vital services the guidance specialist can provide for pupils is that of assisting the teacher in the establishment of reasonable goals for each child. Research suggests that the individualization of instruction can have a real influence on the self concepts and mental health of children. An analysis of achievement and mental test data by frequency distributions and scattergrams often identifies both group and individual instructional needs. Test manuals and measurement texts suggest simple, but effective, methods of treating test data to make them more meaningful and descriptive.

One of the major weaknesses of the way test scores are reported is that they are not related to pupil behavior or expectancies. The research oriented guidance specialist can develop tables for the purpose of predicting pupil success in specific programs, with various materials, in special groupings, or using different instructional methods. With the mounting pressures bearing upon pupil achievement, it is

necessary to have dependable descriptions of pupil populations both for instruction and guidance.

But, the analysis of test data represents only one group study procedure. Before the guidance specialist can plan appropriate programs of orientation or adjustment it is necessary to be thoroughly familiar with the pupil population. Some group analysis data that may suggest special emphases in the total preventive program are: class sociograms, pupil mobility ratios, pupil attendance records, socio-economic conditions of the school attendance area, environmental press upon children, pupil retentions, pupil grading practices, delinquency or vandalism rates, racial characteristics of the neighborhood, and numerous other factors that affect pupil adjustment. Both group and individual procedures for improving the mental health and learning climate are suggested in the section dealing with child adjustment procedures.

Child Adjustment Procedures

Although this article is focused upon the techniques and procedures employed by the guidance specialist in direct work with the pupil, it is not practical to engage in child adjustment activities without considering the influence of parents, teachers, and other school personnel. In addition to his function of providing direct services to pupils the guidance specialist serves as a child development consultant to the entire school staff. To work with the child alone would imply that the purpose of the guidance specialist is to adjust the child to his environment -- whether good or bad -- and never be concerned about modifying environmental conditions to meet the needs of the child. This approach would also imply that the guidance specialist is the only person that can improve the mental health of a pupil.

Child adjustment procedures must be predicated upon an understanding of the child and his problems as he perceives them and an understanding of all of the conditions that impinge upon his personality. It has been suggested that it is possible to differentiate between symptoms and causes of problems, but in practice the symptom often is the problem (23). This is not to say that some personality

problems do not need depth diagnosis and therapy. However, it is impractical and unwise to assume that all, or even a large proportion, of the pupils referred are psychiatric cases. Many times a pupil merely needs a confidant or an adult that is not an authoritarian figure who will help him to regain his own self-confidence.

Adjustment procedures are much more difficult to discuss than study procedures. Just as in practicing medicine by mail, it is difficult to prescribe cures without a complete understanding of the problem. Further, readers are prone to assume that medication recommended for one patient is appropriate for other patients with similar symptoms. While the function of child study may be demanding of solid psychological foundations, child adjustment procedures require a sound philosophical base on the part of the therapist. Before applying certain adjustive procedures it may be necessary for the guidance specialist to evaluate his own philosophical concepts: must every child realize his full academic potential?, what is the "good life"?, is there a conflict between freedom and responsibility?, or should every child be socially gregarious?

If a guidance specialist waited for fully acceptable answers to all of these questions, he would likely retire without having worked on a single case. Recognizing the imperfect nature of adjustive procedures -- the guidance specialist does not naively assume their validity -- there are but two alternatives: do nothing or proceed with caution. Many pupil problems require immediate attention, so the following procedures are suggested for the guidance specialist to be used with caution.

Counseling Therapy. Only rarely is there a sharp distinction between child study counseling and child adjustment counseling. The techniques for pupil appraisal and pupil adjustment counseling are essentially the same, but therapeutic counseling is more sophisticated and demanding of counseling skills. The purpose of adjustive counseling can range all the way from mere information giving to very subtle therapy. Hahn and McLean (14) suggest the following outline of purposes for the counseling interview:

1. To establish rapport between the counselor and counselee.

While it is not always necessary to capture a child's liking or admiration, the counselor must win his respect and establish a helping relationship.

2. To collect new information and amplify or interpret information already gathered. Many times the counselee needs someone to help him restate or understand what he already knows about himself.

3. To permit the counselee to "think aloud" in the presence of a sympathetic listener. This technique, discovered by Socrates and exploited by Rogers, is not only appreciated by almost all counselees, but proves itself daily to veteran counselors.

4. To convey necessary information to the counselee. One reason the counselee often seeks help is that he lacks some pertinent information. However, one fault of using too many informational materials, such as test profiles, is that the counselor may tend to become an instructor.

5. To find socially acceptable and personally satisfying alternatives with and for the counselee. Good counselors spend much of their time opening new doors to realistic solutions and gently closing doors that are likely to lead to dead ends.

One of the most significant contributions that a guidance specialist can make for most children with problems is to help the child develop an adequate self concept. While this may not be altogether possible through the counseling procedure alone, it should be one of the uppermost motives of the counselor at all times.

Group Guidance. Guidance specialists may be accused of infringing upon the teacher's domain when group procedures are used. However, optimum personal and social development of a pupil cannot take place in isolation from the group. Further, many routine guidance activities can be performed more efficiently and effectively using group procedures. Good examples of such activities are programs of: orientation, general test interpretation, human relations, and group motivation.

For most children to be personally adjusted requires that they first be socially adjusted. Willey and Andrews (27) suggest four social needs of children: the need

to belong, the need to be approved, the need for adequacy or self-assurance, and the need for ambivalence. This latter need often confuses the classroom teacher. The seeming inconsistency between the need for independence and the need for group security may manifest itself in mysterious ways. When his actions are understood, it is often apparent that the most flagrant non-conformist is trying the hardest to conform to some notion or concept.

A rewarding experience for any adult would be to observe groups of children discussing common problems in a symposium. With very little adult participation, especially older children will identify significant issues and appropriate solutions. The leaders of the Boy Scouts and other youth organizations have discovered and exploited the "gang" or "club" tendency of children. Even "bad apples" have been mellowed by the actions of their peers. Groups are basically democratic and require respect for individuals. What better vehicle could be used to promote democratic ideals and concepts?

Among the most promising of group guidance techniques is the open-ended story. Here, the group leader begins the discussion by telling a story that poses a problem but does not provide a solution. By suggesting appropriate story endings, children show remarkable insight with respect to problems of: integrity, respect for authority, vandalism, human relations, study habits, moral values, and physical development. The technique appears to be most therapeutic when employed with small groups and keyed to familiar experiences. Ojemann (21) has prepared materials to assist the guidance specialist in using this technique, and Jones (18) reports very gratifying results. Dinkmeyer and Dreikurs (4) have suggested some simple but effective group procedures for teachers in their book, Encouraging Children to Learn, that the guidance specialist can profitably employ.

Therapeutic Activities. Just as it is sometimes good therapy for a business man to whack a golf ball or for a housewife to buy a new hat, children can relieve tensions and reorient themselves through certain planned activities. Some of the most popular and promising procedures are suggested by Willey and Andrews (27):

play therapy, art therapy, bibliotherapy, and recreational therapy. Although these procedures tend to be clinical in nature, the sophisticated guidance specialist should be familiar with the techniques and use them when appropriate. Bibliotherapy, for example, can be employed to help a child develop a system of values and discover that seemingly serious handicaps can be overcome or even used to an advantage. Proper use of these therapeutic techniques requires extensive study of both the procedure and the child.

Placement. While the placement of children appears to be more administrative than guidance oriented, it can be a valuable adjustive tool. Ilg (17) contends that approximately seventy percent of the elementary pupils are "overplaced". This contention certainly has many implications for those who develop the curriculum, but until appropriate revisions are made it is evident that placement within the school program requires considerable attention of the guidance specialist. It is doubtful that any retention, acceleration, grouping, or sectioning should be accomplished without the involvement of guidance personnel. One vital role of the guidance specialist in the placement of pupils is to interpret the action to the child and his parents. Especially in cases of retention or placement in special programs, the understanding and cooperation of the home are paramount. No doubt school personnel will encounter resistance to certain placement decisions, but when it has been established that a certain action is in the best interests of the pupil a tactful job of selling may be required. The adjustment of pupil problems through the procedure of placement places a premium on child study, teamwork, and communication.

Referral. It may be argued that referral of cases is not an adjustive procedure in itself. Nevertheless, the guidance specialist must recognize when it is necessary to seek more sophisticated professional help for a pupil. He must also be able to suggest the kind of help needed and the appropriate sources. But his job is not complete until he has provided the referral agency all available information, and he has coordinated the efforts of the clinician and school personnel. In general, the school guidance specialist should not attempt therapy with a child when he is receiving help from a clinician. An exception to this rule is when the clinician and

the guidance specialist plan a coordinated program of therapy and have the approval of the parents.

Illustrative Cases

Those who contend that the classroom teacher can provide all of the guidance services needed in the elementary school are not being realistic. Guidance specialists do not assume the responsibilities of the teacher; they supplement and enhance good teaching. Three actual cases, submitted by guidance specialists in the Wichita Public Schools, illustrate the type of services provided. The cases are presented essentially as reported by the specialist and were selected as being representative of the guidance function.

Aggressive Behavior

Jud was referred to me early in the school year by his teacher for constant fighting and a belligerent attitude. During the next few days I observed him on the playground and in the classroom. It was not difficult to locate Jud in any group. He seemed always to be in trouble. On the playground he would strike a classmate at the slightest provocation, but his most distinguishing characteristic was his overly protective attitude toward a younger sister, June. They were together at every opportunity -- arm in arm -- usually wearing ill-fitting, unironed, hand-me-down clothing.

His cumulative record showed good attendance, but excessive tardiness, and average to low average mental ability and achievement test scores. This was the second school he had attended since moving to the city the previous year from a rural area in the South. Neither Jud nor his sister had presented a grade card or other school record when they enrolled in the city schools for the first time. Jud had been placed in the fourth grade according to his age and size, but had been reassigned to the third grade when his teacher discovered that he had attended a one room rural school for only two years. At the time of the referral both he and his sister were in the fourth grade even though she was almost two years younger than he. According to a note from the parents, they approved of this arrangement because "Jud can take care of Juney". Notes from previous teachers indicated that they had not been able to obtain additional family data, but June had revealed that her parents were taking care of her father's uncle whose wife had recently died.

After rapport had been established during several informal interviews, Jud told me that his father's uncle had warned him that the "city kids" were mean -- and might violate his sister. I discussed the problem with the principal and Mr. Cary, a fifth grade teacher, and suggested placement in Mr. Cary's room on the basis of Jud's size and age, to separate him from his sister, and to provide the influence of a warm, sympathetic male teacher. With permission of the principal Jud was placed in Mr. Cary's room, where I had been conducting group discussions concerning law enforcement and juvenile behavior. Sergeant Clark of the Police Department spoke to the class and helped it to organize a Junior Reserve Police Corps for playground patrol. Jud was appointed corporal of the morning recess squad and was provided an appropriate arm band. Meanwhile, June's teacher asked her to help some girls to organize a bulletin board display of Fall flowers and leaves. The girls spent their free time for several days collecting, identifying, and organizing the display. A marked improvement was evident in Jud's behavior as he assumed his new duties and as June found security in new friendships.

An Isolate

One morning, after I had visited several classes to show a film on human relations, Anita stepped to the door of my office and handed me a note. It read "I don't have any friends. Only Patty and Mary are my friends some of the time. None of the other kids like me. They call me names and won't play with me. I don't know why they don't like me unless it is because I am dumb. I am the dumbest one in the class, and next year when I have to stay in the fourth grade again they will call me more names."

Two or three visits in the classroom and the results of a class sociogram confirmed Anita's fears. She was the only real isolate in her class of twenty-seven children. However, Anita's estimate of her own ability was erroneous. Individually administered tests corroborated other test data that indicated above average mental ability and comparable achievement. Her teacher reported satisfactory performance. A counseling interview revealed that Anita had developed a very poor self-image focusing upon her lack of ability to make friends. Conferences with her teacher and parents and continued observation made apparent Anita's extreme need for group acceptance, her anxiety when rebuffed by a group, and her very poorly developed social skills. She was demanding and jealous even of me when we became friends. The clique of bright girls to which she aspired acceptance was closed to all except an occasional boy or two.

To supplement frequent self-concept oriented counseling sessions with Anita and conferences with her parents and teacher, I encouraged Anita to read How To Get Along With Others (SRA Junior Guidance Series) and Caddie Woodlawn. We discussed what we wanted in friends and what friends wanted in us. I encouraged her to seek membership in a more loosely knit group of boys and girls. Anita still would like to belong to the elite clique, but she now has -- and does not mistreat -- several casual friends. Her more relaxed manner will help her eventually to become a real member of a group and she realizes that it was not her "dumbness" that had excluded her from groups before.

A "Core Area" School

Soon after the opening of school, I approached the principal with some data regarding the characteristics of the school. Located in the central core area, Hopkins Elementary School had the highest mobility ratio in the city. As might be expected in such a district, Hopkins ranked high in other areas as well: vandalism, retentions, under-achievers, indigents, and racial problems. It was agreed that the goals for the year at Hopkins would be to improve the orientation procedures for receiving new pupils, to individualize reading instruction, and to improve human relations through group discussions and special programs.

Together, the principal and I established procedures for testing, interviewing, and placement of late enrollees. Teachers were encouraged to establish the "buddy system" to help orient new pupils to the school and to class procedures, and to visit the homes of new pupils as early as possible. A modified "Joplin Plan" reading program, utilizing individualized materials, provided flexibility in placement that permitted frequent reassignment of pupils according to achievement. Teachers became enthusiastic when they found that pupils were not going to be assigned to their classes and then forgotten. They made frequent requests for assistance in evaluation and planning.

But the most exciting project was the program on human relations. Several films were ordered to be used throughout the school year, and local dignitaries were invited to speak to small groups. (High school and college basketball stars stole the thunder of the mayor and probate judge.) By observing and participating in group discussions and symposia I discovered several children that needed special counseling or other therapy. Hopkins still is not the highest achieving school in town, but the pupils are proud to call it "my school".

It is evident, from the cases cited, that there can be no fine lines of distinction drawn between working with parents, working with teachers, or working with children; between child study and child adjustment procedures; or between corrective and preventive programs. The guidance approach starts with the child and his needs, and utilizes every person and every technique that might provide a solution to his problem and result in proper adjustment.

Personnel

In many school systems guidance services will continue to be provided by the classroom teacher and the principal. In other school systems elaborate pupil service programs involving counselors, nurses, psychologists, social workers, and other special personnel will be available. It is the opinion of this writer, that the most effective pupil service program is developed around a school based, multi-disciplinary, guidance specialist supported by a more highly specialized clinical team. Most important, is the establishment of a balanced, total school, staffing plan. To maintain excessively high teacher-pupil ratios, in order to employ a staff of specialists, will defeat the purpose of the program. It would be possible to develop a program wherein overloaded, overtaxed, anxious teachers create more problems than even an extensive clinical program can resolve.

An optimum staffing formula, requiring approximately forty-five school based professional personnel per thousand pupils, would provide: class sizes of approximately twenty-five pupils per teacher, a full-time administrator per six hundred to one thousand pupils, three or four special teachers (art, music, physical education, library) per six hundred to one thousand pupils, a full-time guidance specialist per six hundred to one thousand pupils, and a clinically based staff (psychological, educational, and medical specialists) of three to four full-time equivalents per five or six thousand pupils. Naturally, other considerations will require certain modifications in these ratios. It is conceded at the outset that such staffing will require sympathetic financing; but a formula should be developed for each school system to assure a reasonable balance between instructional, administrative, and pupil service functions.

Descriptions of the competencies and training of the school based, multi-disciplinary, guidance specialist will vary greatly. However, common characteristics will include: an excellent teacher, good personal adjustment, good psychological background, ability to work with children and adults, a comprehensive understanding of the total school program, and an overwhelming desire to help children develop sound personalities, and knowledge and skills commensurate with their abilities.

BIBLIOGRAPHY

1. Blum, G. S. The Blacky Pictures. New York: Psychological Corporation, 1950.
2. Bower, Eli M. "A Process for Early Identification of Emotionally Disturbed Children," Bulletin of the California State Department of Education. Vol. XXVII, No. 6, August 1958.
3. DeHaan, Robert F. and Kough, Jack. Helping Children with Special Needs. Chicago: Science Research Associates, 1956.
4. Dinkmeyer, Don and Dreikurs, Rudolf. Encouraging Children to Learn: The Encouragement Process. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1963.
5. Doll, Edgar. Vineland Social Maturity Scale, Revised. New York: Psychological Corporation, 1947.
6. Felix, R. H. "Forward," Basic Approaches to Mental Health in the Schools, reprinted from The Personnel and Guidance Journal.
7. Flanagan, John C. The Personal and Social Development Program. Chicago: Science Research Associates, 1956.
8. Froehlick, Clifford P. and Darley, John G. Studying Students - Guidance Methods of Individual Analysis. Chicago: Science Research Associates, 1952.
9. Gesell, Arnold; Halverson, Henry M.; Thompson, Helen; Ilg, Frances L.; Castner, Burton M.; Ames, Louise Bates; and Amatruda, Catherine S. The First Five Years of Life - A Guide to the Study of the Preschool Child. New York: Harper & Brothers Publishers, 1940.
10. Gesell, Arnold and Ilg, Frances L. Child Development. New York: Harper & Brothers Publishers, 1949.
11. Gesell, Arnold and Ilg, Frances L. Developmental Diagnosis, Second Edition. New York: Psychological Corporation, 1947.
12. Gesell, Arnold and Ilg, Frances L. The Child from Five to Ten. New York: Harper & Brothers Publishers, 1946.
13. Gesell, Arnold; Ilg, Frances L.; and Ames, Louise Bates. Youth - The Years from Ten to Sixteen. New York: Harper & Brothers Publishers, 1956.
14. Hahn, Milton E. and MacLean, Malcolm S. Counseling Psychology. New York: McGraw-Hill Book Company, Inc., 1955, pp. 83-84.

15. Hatch, Raymond N. and Costar, James W. Guidance Services in the Elementary School. Dubuque, Iowa: Wm. C. Brown Company Publishers, 1961.
16. Hymes, James L., Jr. Understanding Your Child. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1952.
17. Ilg, Frances L. "Developmental Guidance in the Elementary Grades," a paper presented at the National Conference on Elementary Guidance, Washington, D. C., 1965.
18. Jones, Pauline. "Open-Ended Stories: A Study in Group Guidance," Teacher's Notebook. Wichita, Kansas: Division of Pupil Services, 1963.
19. Kough, Jack and DeHaan, Robert F. Identifying Children with Special Needs. Chicago: Science Research Associates, 1955.
20. Lundberg, Horace W. School Social Work - A Service of Schools. Washington, D. C.: U.S. Department of Health, Education, and Welfare, 1964.
21. Ojeman, Ralph H. Handbook for Fifth Grade Teachers, Book V. State University of Iowa.
22. Richards, E. A. Proceedings of the Mid Century White House Conference on Children and Youth, Health Publications Institute, 1951.
23. Russo, Salvatore. "Clinical Psychology as the Treatment of Symptoms," ETC.: A Review of General Semantics. Vol. XIV, No. 2, Winter 1956-57, pp. 265-271.
24. Terman, Lewis M. and Merrill, Maud. Revised Stanford-Binet Intelligence Scale, Third Edition. Boston: Houghton Mifflin Company, 1960.
25. Torgerson, Theodore L. Studying Children - Diagnostic and Remedial Procedures in Teaching. New York: The Dryden Press, 1947.
26. Wechsler, David. Wechsler Intelligence Scale for Children. New York: Psychological Corporation, 1949.
27. Willey, Roy DeVerl and Andrew, Dean C. Modern Methods and Techniques in Guidance. New York: Harper & Brothers Publishers, 1955, pp. 426, 448.